

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033292

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 84a

STATE FILE NUMBER

FILED SEP 11 1963

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN Wentzville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Josephs Hosp.		d. STREET ADDRESS (If outside, give location) 304 Michael Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Martha Allen Atchison		4. DATE OF DEATH Month Day Year Aug. 24 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/1929
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties		10b. KIND OF BUSINESS OR INDUSTRY House Wife	
11. BIRTHPLACE (City and state or country) Halls Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Caris Bacon Rooks		13b. MOTHER'S MAIDEN NAME Elsie Tomlinson	
14. NAME OF HUSBAND OR WIFE Floyd E. Atchinson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Linda C. Zoelner	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) internal injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) being thrown out of automobile DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2 cars scraped sides throwing victims		20c. TIME OF INJURY Hour a.m. Month, Day, Year 1:15 8/24/63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Interstate # 70	
20f. CITY, TOWN, OR LOCATION Dardenne twsp. St. Charles, Mo.		20g. COUNTY STATE St. Charles, Mo.	
21. I attended the deceased from 8/27-9/4/63 and last saw her alive on 8/27-9/4/63		21. I attended the deceased from 1:20 a. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Donald R. Atchison</i> (Degree or title) Coroner		22b. ADDRESS 12 Cunningham Ct., St. Charles, Mo.	
22c. DATE SIGNED 8/28/1963		22d. NAME OF CEMETERY OR CREMATORY Halls Cemetery	
22e. LOCATION (City, town, or county) Halls, Tenn.		22f. STATE Tenn.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/28/1963	
24. FUNERAL DIRECTOR T. E. Pitman Funeral Home		25. DATE RECD. BY LOCAL REG. Aug 25 - 1963	
26. REGISTRAR'S SIGNATURE <i>Mabel Zumwalt Dep.</i>		26. REGISTRAR'S SIGNATURE <i>Mabel Zumwalt Dep.</i>	

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

1963 OCT 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer _____

Signed _____

Licensed Embalmer No. 4974

P. O. Address Centerville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.